

# APPLICATION FORM



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Personal ID Number											

Position Applied for: OILER	Date Available from: ANY TIME
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<b>1. Personal Data</b>		
Family Name: ABBASZADE	First Name: JABRAYIL	Middle Name: ELSHAD
Date of Birth: 07.07.2004	Place of Birth: AZERBAIJAN	
Permanent Address: , region.LANKARAN		Phone (Home): NO Phone (Business/ Mobile): +994508524778 E-mail: cabrayilabbaszade7@gmail.com

<b>2. Maritime Education</b>					
Name of school	Country	Town	From	To	Type of degree or diploma
AZERBAIJAN IST.SERVICES	AZERBAIJAN	BAKU	16.04.2024	16.10.2024	6 Month

<b>3. Professional Test</b>		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

<b>4. Family Details</b>	
Civil Status (Single, Married, Separated, Divorced, Widowed) : SINGLE	
Next of Kin (the first emergency contact) :	Relationship /
Address of Residence: AZERBAIJAN,	Phone

	Doughter	Son			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

<b>5. Identity Documents</b>					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	AZE035540	State Maritime Administration	19.12.2024	19.12.2029

TravelPassport	AZERBAIJAN	C05150080	AZERBAIJAN	17.12.2024	16.12.2034
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6. ValidVisa		
CountryorUnion	Type	ValidUntil

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
CertificateofCompetency	RP16422	11.12.2024		State Maritime Administration
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
Advanced training for oil tanker cargo operations				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-2954-24	30.07.2024	24.07.2029	State Maritime Administration
Proficiency in Survival Craft and Rescue Boats	SL-2965-24	02.09.2024	27.08.2029	State Maritime Administration
AdvancedFireFighting				
MedicalFirstAidTraining				
Medical First Aid Training and Medical Care				
RO-ro				
Crisis management and human behavior training				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering				
Ship Security-related familiarization security-awareness training	SI-3176-24	08.08.2024		State Maritime Administration
MalteseEndorsementof SSO				
ISM Code	SP-2663-24	16.08.2024	01.08.2029	State Maritime Administration
SafetyOfficer				
ECDISTrainingCourse				
RiskAssessmentCourse				
C.O.W./ I.G.S				
FirePracticeonTankers				
WELDER(Elektrod-MMA)	MES-JV/28485	27.09.2024	27.09.2027	AZERBAIJAN
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
Engine resource management				
Leadership and Teamwork				
High voltage				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-2996-24	18.09.2024		State Maritime Administration
Dangerous hazardous and harmful cargoes				
BasicTraining and qualifications on oil and chemical tanker cargo operations	SA-0781-24	15.08.2024		State Maritime Administration

8. PhysicalData	
Height	178
Weight	80

ColourofHair	<b>Black</b>
ColourofEyes	<b>Chestnut</b>
BoilersuitSize	41
ShoesSize	XL

<b>9. MedicalHistory</b>	<b>Yes</b>	<b>No</b>
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?		+
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details:

	Passed:	Validtill:
InternationalMedicalExamination	30.01.2024	30.01.2026
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

<b>10. References</b> (please give name and address of your current or past employer)	<b>Officerremarks</b>
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NameofCompany		
Name of person to contact		
Address		
Phone		

NameofCompany		
Name of person to contact		
Address		
Phone		

<b>11. Bankaddressforallotments</b>
Beneficiary
AccountNo.
NameofBank
BankAddress

<b>12. Knowledgeandexperience</b>	<b>Yes</b>	<b>No</b>
OCIMF vettingexperience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true		
Place		

<b>14. ForOfficeuseonly</b>

### 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	18.07.2024	14.10.2024	3 month

#### Total rank sea service:

Rank	Years
Total	

#### Total type of vessel sea service:

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	